

EXHIBIT 2

RECEIVED
MAY 29 1996

Return to: ECFMG
3624 Market Street
Philadelphia PA 19104-2685
USA

ECFMG

Re: 0-553-258-5
DR John Nosa Akoda

I hereby certify that the attached diploma or other credential for the individual noted above is authentic and correct and that I am authorized to certify this on behalf of this institution.

[Signature] 21st MAY 1996
Signature Date

PROFESSOR L.I. OJGWU, FRCP.
Name (Printed or Typed)

DEAN FACULTY OF MEDICINE
Title

UNIVERSITY OF BENIN, BENIN CITY, NIGERIA
Name of Medical School



I cannot certify that the diploma or other credential for the individual noted above is authentic and correct because:

Signature Date

Name (Printed or Typed)

Title

Seal

Name of Medical School

Form 399A--English
Rev. August 1995

MEDICAL AND DENTAL COUNCIL OF NIGERIA

25, Ahmed Onibudo Street, Victoria Island, Lagos.

Certificate of Full Registration as a Medical Practitioner

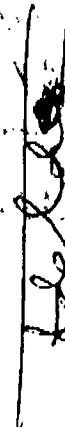
Certificate No. F 15575

NIGERIA.

3rd January, 1989.

Name	Address	Date of Registration	Qualifications
AKODA, Johnbrill Enosakhare	1, Akoda Street, Oselu Quarters, Benin-City.	19 <u>89.</u> January 3rd	M.B., B.S. 1987, U. Benin.

I HEREBY CERTIFY THAT this is a true Copy of the entry of the above specified Name in the Medical & Dental Council of Nigeria Register, and that the prescribed fee of Sixty Naira has been duly received for such Registration.



Registrar

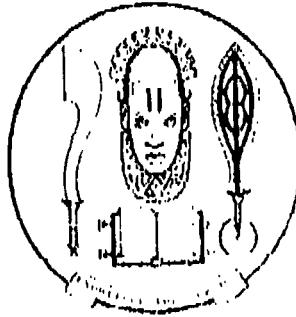
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JAN 3 1998

ECFMG

553-258

UNIVERSITY OF BENIN



BENIN CITY, NIGERIA

Johnbull Enosakhare Akoda

having satisfied all the requirements of the University
and passed the prescribed examinations held in

October 1987

has been admitted to the degree

of

Bachelor of Medicine: Bachelor of Surgery

Given at Benin City this **6th** day of **February 1988**


REGISTRAR


VICE CHANCELLOR



553-258

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